

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0/566792

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		0		1		
2		1		1			52		0		1		
3		1		1			53		0		1		
4		1		1			54		0		1		
5		1		1			55		0		1		
6		1		1			56		0		1		
7		1		1			57		0		1		
8		1		1			58		0		1		
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35	1		1				85						
36	1		1				86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41	1		1				91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	60	←	58	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	64		58				TOTAL CLAIMS						

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